## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000084026 May 01, 2000 8:00 am Secretary of State 1. Entity Name ROCKONE CORPORATION 05-01-2000 90442 045 \*\*\*150.00 Mailing Address Principal Place of Business 12157 W LINEBAUGH AVE 11824 LANCASHIRE DRIVE LINIT 328 TAMPA FL 33626-2637 TAMPA FL 33626-1732 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3547955 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOCK, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) 11824 LANCASHIRE DRIVE TAMPA FL 33626-2637 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CD Change ☐ Addition TITLE Delete TITLE EHART, PHIL NAME NAME STREET ADDRESS 12157 W LINEBAUGH AVE, UNIT 328 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE STOCK, LAWRENCE NAME 12157 W LINEBAUGH AVE, UNIT 328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33626** CITY-ST-ZIP Addition Change SD=----☐ Delete TITLE ROBERTS, JAMES J NAME NAME 12157 W LINEBAUGH AVE, UNIT 328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33626** Addition ☐ Change ☐ Delete TITLE TITLE AARON, BRAD NAME NAME 12157 W LINEBAUGH AVE, UNIT 328 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33626** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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813-765-7233

Daytime Phone #